

**Introduced by Senator Alquist**

February 10, 2005

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An act to add Section 104142 to the Health and Safety Code, relating to strokes.

LEGISLATIVE COUNSEL'S DIGEST

SB 209, as amended, Alquist. Stroke education.

Existing law establishes the Heart Disease and Stroke Prevention Task Force within the State Department of Health Services and requires the task force to create a heart disease and stroke prevention and treatment state master plan and submit the plan to the Legislature, the Governor, and the department by November 1, 2005. These provisions become inoperative March 1, 2006, and are repealed January 1, 2007.

This bill would require the State Department of Health Services ~~and the California Department of Aging~~ to implement a stroke education campaign.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) In the United States, stroke is the number one cause of
- 4 adult long-term disability, strikes 750,000 *people* of all ages
- 5 annually, is the third leading cause of death, and kills more than
- 6 175,000 persons annually.

1 (b) Someone suffers a stroke every 45 seconds, and every 3.1  
2 minutes someone dies of a stroke. Stroke is responsible for an  
3 estimated \$40,000,000,000 in health care costs and lost  
4 productivity each year.

5 (c) Two-thirds of stroke victims are likely to experience  
6 significant physical disability and emotional effects. Contrary to  
7 the common belief that strokes occur primarily in older people,  
8 one-half of all stroke victims are under 50 years of age.

9 (d) Transient ischemic attack (TIA), which sometimes  
10 precedes an ischemic stroke, may account for about 83 percent of  
11 all strokes but this attack disappears within five minutes to 24  
12 hours.

13 (e) A key feature of a stroke is that it is unexpected and  
14 develops suddenly. Up to 50 percent of all strokes occur in  
15 people who show no prior symptoms, and people who have had a  
16 prior stroke face a nine times greater risk of having another one  
17 and a two times greater risk of having a heart attack compared to  
18 the general population.

19 (f) Stroke is preventable if one has an appreciation of the risk  
20 factors of age, sex, prior stroke, family history of stroke, high  
21 blood pressure, smoking, diabetes mellitus, carotid artery disease,  
22 lack of physical exercise, lack of a healthy diet, and TIA.

23 (g) People must be educated about stroke symptoms.  
24 According to the American Stroke Association, 74 percent of the  
25 United States population does not know the most common  
26 warning signs of stroke. Common warning signs include sudden  
27 numbness or weakness in an arm, leg, or face on one side of the  
28 body or on both sides of the body, unexpected severe headache  
29 with no apparent cause, sudden confusion, trouble speaking or  
30 understanding, sudden vision problems in one or both eyes,  
31 unexplained dizziness, and sudden trouble walking or loss of  
32 balance or coordination.

33 (h) Should any stroke symptoms appear, the person affected or  
34 his or her family should call 911 immediately to meet the  
35 three-to-nine hour period during which appropriate medical  
36 treatment by hospital staff is effective in reducing the risk of  
37 disability and death.

38 (i) It is well known that medical response time for stroke  
39 victims is very important because there are medicines available  
40 that are effective as a tissue plasminogen activator (TPA) within

1 a crucial three-hour-window period or for desmoteplase within a  
2 crucial nine-hour-window period.

3 (j) The National Stroke Association has urged the public and  
4 the medical community to regard stroke as a “brain attack” and to  
5 respond with the same urgency as with a “heart attack.”

6 SEC. 2. Section 104142 is added to the Health and Safety  
7 Code, to read:

8 104142. (a) *(1)* The State Department of Health Services  
9 and the California Department of Aging shall implement a stroke  
10 education campaign to reduce the incidence of strokes.

11 ~~(b) The campaign shall contain all of the following~~  
12 ~~components:~~

13 ~~(1) The dissemination to county public health offices, area~~  
14 ~~agencies on aging, senior centers, senior advocacy groups, and~~  
15 ~~other senior network stakeholders of information regarding~~  
16 ~~strokes.~~

17 ~~(2) The development and conduct of seminars, which include~~  
18 ~~the participation of hospital personnel and emergency personnel~~  
19 ~~and services, in hospitals, senior centers, senior housing,~~  
20 ~~mobilehome parks, family complex housing projects, and bingo~~  
21 ~~parlors.~~

22 ~~(3) The dissemination of stroke symptom flyers for placement~~  
23 ~~in public buildings, hospitals and clinics, schools and colleges,~~  
24 ~~public and private clubs, hotel and motel guest rooms,~~  
25 ~~restaurants, grocery stores, and churches, and distribution to~~  
26 ~~news media and all senior group organizations.~~

27 *(2) The campaign shall be consistent with the final*  
28 *recommendations of the Heart Disease and Stroke Prevention*  
29 *and Treatment State Master Plan created pursuant to Section*  
30 *104141 as they relate to stroke education and awareness.*

31 *(b) The department shall develop the stroke education*  
32 *campaign in coordination with the California Department of*  
33 *Aging and shall include other appropriate departments or*  
34 *entities.*

35 *(c) The campaign shall do all of the following:*

36 *(1) Disseminate information regarding strokes, including*  
37 *stroke symptom flyers, for wide distribution and placement.*

38 *(2) Develop and conduct seminars for high-risk populations.*  
39 *The seminars may include the participation of hospital personnel*  
40 *and emergency personnel and services.*

1     *(d) The department may limit the implementation of the*  
2     *campaign to high-risk populations.*

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